

Vehicle/Vessel Contract Application

Use this form to apply for access to vehicle/vessel records through the Internet Vehicle/Vessel Information Processing System (IVIPS) or to receive bulk/batch data. Send the completed form with a copy of your business license and other required documents by fax to: **(360) 570-7895** or email (print and scan or upgrade to **Adobe Reader XI** or above) to: **vsdisclose@dol.wa.gov**.

Please allow 14 business days to process and respond to your request. Questions or assistance: IVIPS: (360) 359-4001; Bulk/batch: (360) 902-0136.

We are committed to protecting personal information and there is no guarantee you will be approved. We release records only as allowed by state and federal laws, including the Driver Privacy Protection Act (DPPA). The DPPA also restricts redisclosure of personal information you receive.

Fees

IVIPS contract fees: There is a 4-cent fee per record search, and businesses must pay an additional \$2 for each record accessed. Government entities are exempt from the \$2 fee.

Bulk records contract fees: There is a 1-cent fee per unique VIN record. The contractor is also responsible to pay a onetime set-up fee and monthly maintenance fee. Setup and maintenance fees may vary for bulk records.

1 Method of access you are requesting			
<input checked="" type="checkbox"/> IVIPS (Individual record inquiries) Current IVIPS number, if applicable _____ <input type="checkbox"/> Bulk vehicle/vessel records (Batch process) Frequency (check one): <input type="checkbox"/> One time <input type="checkbox"/> Periodic <input checked="" type="checkbox"/> Regular			
PRINT or TYPE Company/Agency name 1ST RESPONSE TOWING INC DBA THE TOW TRUCK COMPANY INC			
Contract contact/manager (IVIPS and Bulk records accounts) MEGAN HARDISON		Signing Authority name (Bulk records accounts only)	
(Area code) Phone number (702) 434-7175	Email (required for IVIPS and Bulk records) IMMZREESE@GMAIL.COM	(Area code) Phone number	Email (required for Bulk records)
Physical address of business (Number and street, City, State, ZIP code) 3975 W HACIENDA AVE LAS VEGAS NV 89118			
Mailing address of business, if different (Address or PO Box, City, State, ZIP code) SAME AS ABOVE			
Provide one of these identifiers:	Taxpayer Identification Number (TIN) 6a	Employer Identification Number (EIN)	WA Unified Business Identifier (UBI)
2 Provide a detailed explanation of your primary business activity (exactly what your business does).			
<p><i>We tow Vehicles & impounds off private properties when they don't pick them up we start a lien process and need to notify owner / Lien holder</i></p>			
3 Check all that apply to you and/or your business			
<input type="checkbox"/> Attorney <input type="checkbox"/> Auction <input type="checkbox"/> Auto manufacturer or agent <input type="checkbox"/> Bail bonds <input type="checkbox"/> Bank or financing firm <input type="checkbox"/> Business <input type="checkbox"/> Commercial parking company <input type="checkbox"/> Credit union <input type="checkbox"/> Data broker/Reseller <input type="checkbox"/> Debt recovery/Collection <input type="checkbox"/> Employer/Prospective employer <input type="checkbox"/> Government <input type="checkbox"/> Guardianship/Trustee service <input type="checkbox"/> Homeowner association <input type="checkbox"/> Hospital <input type="checkbox"/> Hulk hauler <input type="checkbox"/> Insurance company/agent	<input type="checkbox"/> Lien service <input type="checkbox"/> Marina <input type="checkbox"/> Neighborhood block watch <input type="checkbox"/> Newspaper or media <input type="checkbox"/> Non-profit organization <input type="checkbox"/> Parking enforcement <input type="checkbox"/> Private investigator <input type="checkbox"/> Process server <input type="checkbox"/> Property mgmt. - Government <input type="checkbox"/> Property mgmt. - Private <input type="checkbox"/> Repossession service <input type="checkbox"/> Retail/Store <input type="checkbox"/> School - Private <input type="checkbox"/> School - Public <input type="checkbox"/> Scrap processor or wrecker <input type="checkbox"/> Security services - Government <input type="checkbox"/> Security services - Private	<input type="checkbox"/> Service bureau for another business Provide business name: _____ <input type="checkbox"/> Storage facility <input type="checkbox"/> Title/Escrow <input type="checkbox"/> Toll facility <input checked="" type="checkbox"/> Towing company <input type="checkbox"/> Transporter <input type="checkbox"/> Union (non-profit) <input type="checkbox"/> Vehicle/Vessel dealer <input type="checkbox"/> I represent a business that will provide information to another party Provide business names: _____ <input type="checkbox"/> Other (explain) _____	

4 Explain in detail why you need vehicle/vessel information. Give examples. Attach additional pages if necessary.

TO NOTIFY OWNER /LIEN HOLDER OF IMPOUNDED VEHICLE

5 Redisclosure and/or selling of information

Will you sell or provide the information to anyone else? ☐ Sell ☐ Provide ☒ No

If no, skip to Section 6.

If yes, who will you provide or sell the information?

The release and redisclosure of personal information is restricted by state and federal laws. How do you ensure recipients are entitled to personal information under these laws?

We keep all records confidential

How will you provide the information to recipients? Explain.
BY CERTIFIED MAIL

6 Owner contact

Will you contact the vehicle/vessel owner? ☒ Yes ☐ No
Unsolicited business contact for commercial purposes is strictly prohibited.

If yes, why will you contact the owner and how will you contact them?

7 Answer the following

1. Do you agree not to sell or provide the information to any third party that has not been disclosed as part of this application? ☒ Yes ☐ No
2. Do you agree not to use the information for any purpose other than reasons stated on this application? ☒ Yes ☐ No
3. Do you agree not to use, or facilitate the use of, the information for the purpose of making unsolicited business contact, or promoting the sale of any goods or services? ☒ Yes ☐ No

- ☐ **I represent a government agency.** Agency name: _____
 Do you agree the information you receive will only be used in an official capacity and solely for carrying out the functions of your agency? ☐ Yes ☐ No
- ☐ **I represent a Washington State business.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
- ☒ **I represent a business outside Washington State.** If your business is not required to be licensed in the state of Washington, attach a legible copy of either:
- your current business license
 - a letter with a signature of the owner or authorized representative indicating you are their agent. The letter must include your Employer Identification Number (EIN) or Taxpayer Identification Number (TIN).
- ☐ **I am a process server.** Attach legible copies of:
- your current business license
 - any/all professional licenses that you possess
 - registration for county jurisdictions
- ☐ **I represent a non-profit organization or corporation.**
1. Attach a legible copy of one of the following:
 - Your Articles of Incorporation, filed with the Secretary of State
 - Your Tax Exempt Status from the Internal Revenue Services (501)(c)(3)
 - Other documents reviewed and approved by the Department of Licensing Public Records Officer
 2. Submit a letter with a signature of the business owner or authorized representative indicating you are their agent.
- ☐ **I represent a data broker/reseller** – attach a legible copy of your current business license.
 IVIPS applicants must also include:
- subscriber roster (provided on page 4)
 - subscriber agreements
- ☐ **I am an attorney.*** Attach legible copies of:
- your current business license
 - your current bar card
- ☐ **I am a private investigator.*** Attach legible copies of:
- your current Private Investigator license
 - your current business license

***Whenever an attorney or private investigator accesses a vehicle record in IVIPS, we will send a notification letter to the vehicle owner. RCW 46.12.635**

Knowingly making a false statement or concealing a material fact required in this request or making false representation to obtain any personal information from an individual's motor vehicle record is subject to federal criminal fines under the DPPA and RCW 46.12.640

By signing or typing your name, you are certifying under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

TITLE/LIEN CLERK

Title

X

Signature

4/2/2015

Date and place (county) signed

Federal Driver Privacy Protection Act (DPPA) 18 U.S.C. §2721 through §2725
 Washington State laws RCW 42.56, RCW 46.12, RCW 47, WAC 308-10, and WAC 308-93

BUSINESS LICENSE

City of Las Vegas • Las Vegas, Nevada

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW.

LICENSE #: A29-00123

RENEWAL DATE: 11/1/2014

EXPIRE DATE: 11/1/2015

TYPE OF LICENSE: A29 - AUTOMOBILE TOWING SERVICE
AUTO TOWING SERVICE

BUSINESS LOCATION: 3975 W HACIENDA AVE

ISSUED TO:

1ST RESPONSE TOWING INC
3975 W HACIENDA AV
LAS VEGAS, NV 89118

Karen L. Diddle
Business Licensing Manager

*Failure to maintain an active state license or SNHD health permit,
if required, renders this business license invalid.*

Post in a conspicuous place.



CLARK COUNTY BUSINESS LICENSE

LICENSE NUMBER: 2000048-048-180

NATCS CODE:

LICENSE PERIOD BEGINS: 12/01/2014

LICENSE EXPIRATION DATE: 11/30/2015

POST IN A CONSPICUOUS PLACE AT THE BUSINESS LOCATION

ISSUED TO:

The Tow Truck Company
3975 W Hacienda Ave
Las Vegas, NV 89118

BUSINESS LOCATION ADDRESS:

3975 W Hacienda Ave
Las Vegas, NV 89118

TYPE OF LICENSE: Motor Vehicle Towing
LAND USE: M-1

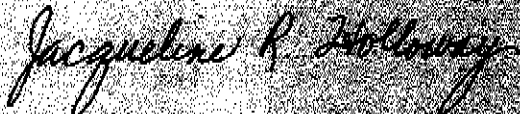
Current Planning Comments:

M-1 zone. Approved for towing company.

DISCLAIMER

ISSUANCE OF A BUSINESS LICENSE IS NOT AN ENDORSEMENT OF THE BUSINESS PRACTICE OF THE LICENSEE.

Please See Reverse Side For Additional Information



JACQUELINE R. HOLLOWAY
Director of Business License

DEPARTMENT OF BUSINESS LICENSE

500 S Grand Central Pky
Box 551810
Las Vegas NV 89155-1810
Phone: (702) 455-4252

Redaction Log

Reason	Page (# of occurrences)	Description
6a	1 (1)	RCW 42.56.230(5); RCW 9.35.005. Personal Information – Financial Information. Credit card numbers, debit card numbers, electronic check numbers, card expiration dates, social security numbers, bank or other financial information identified in RCW 9.35.005. Information in RCW 9.35.005 is information identifiable to an individual that concerns the amount or conditions of an individual's assets, liabilities or credit: account numbers and balances; transactional information concerning an account; codes, passwords, social security numbers, tax identification numbers, driver's license or permit numbers, state identicard numbers issued by the Department of Licensing, and other information held for the purpose of account access or transaction initiation.